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# Oregon Health Plan (OHP) Post-Public Health Emergency (PHE) Eligibility Redeterminations Planning

Oregon Health Policy Board

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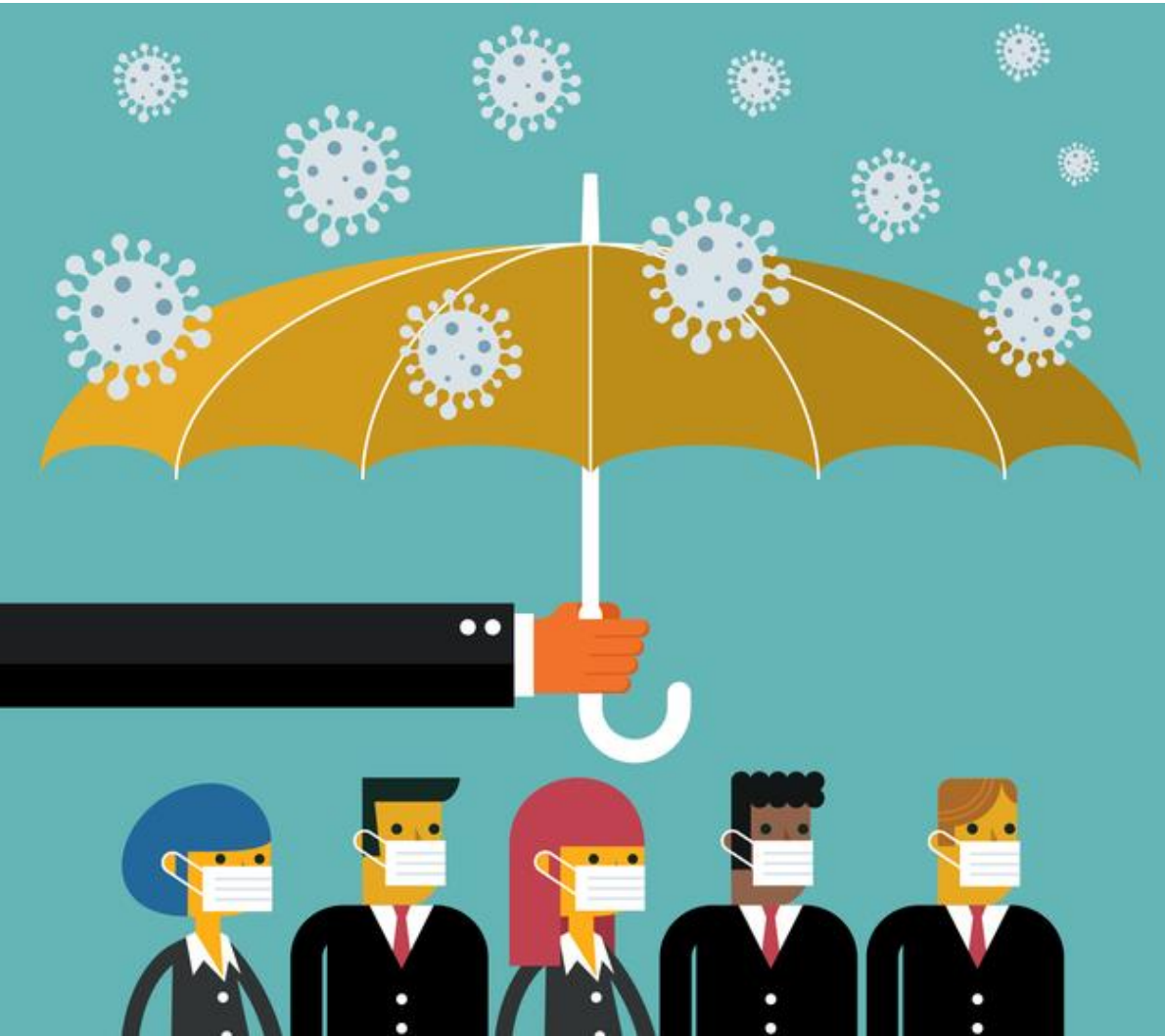
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# Background and the Challenge Ahead

# Through the Public Health Emergency, people have had continuous Medicaid coverage



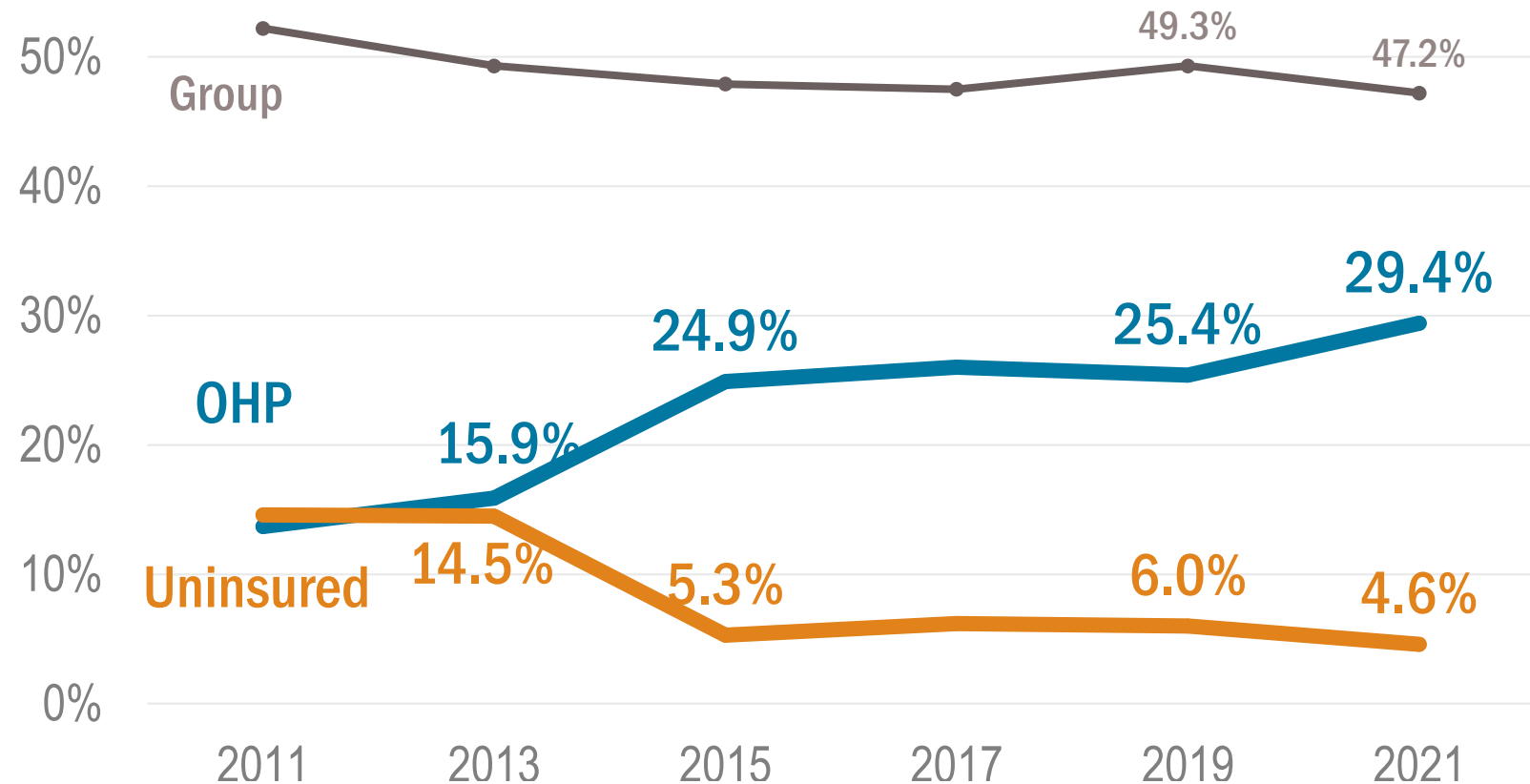
## Family First Coronavirus Recovery Act

1. Provides continuous Medicaid coverage *for the duration of the federal public health emergency.*
2. Removes administrative barriers to enrollment

When PHE ends, states will have 12 months to redetermine eligibility for all members.

**Oregon will have to redetermine eligibility for all 1.4 million people on OHP.**

**During the PHE, the uninsured rate dropped to a record low of 4.6%.**  
*For individuals who are Black/African American it dropped from 8% to 5%.*

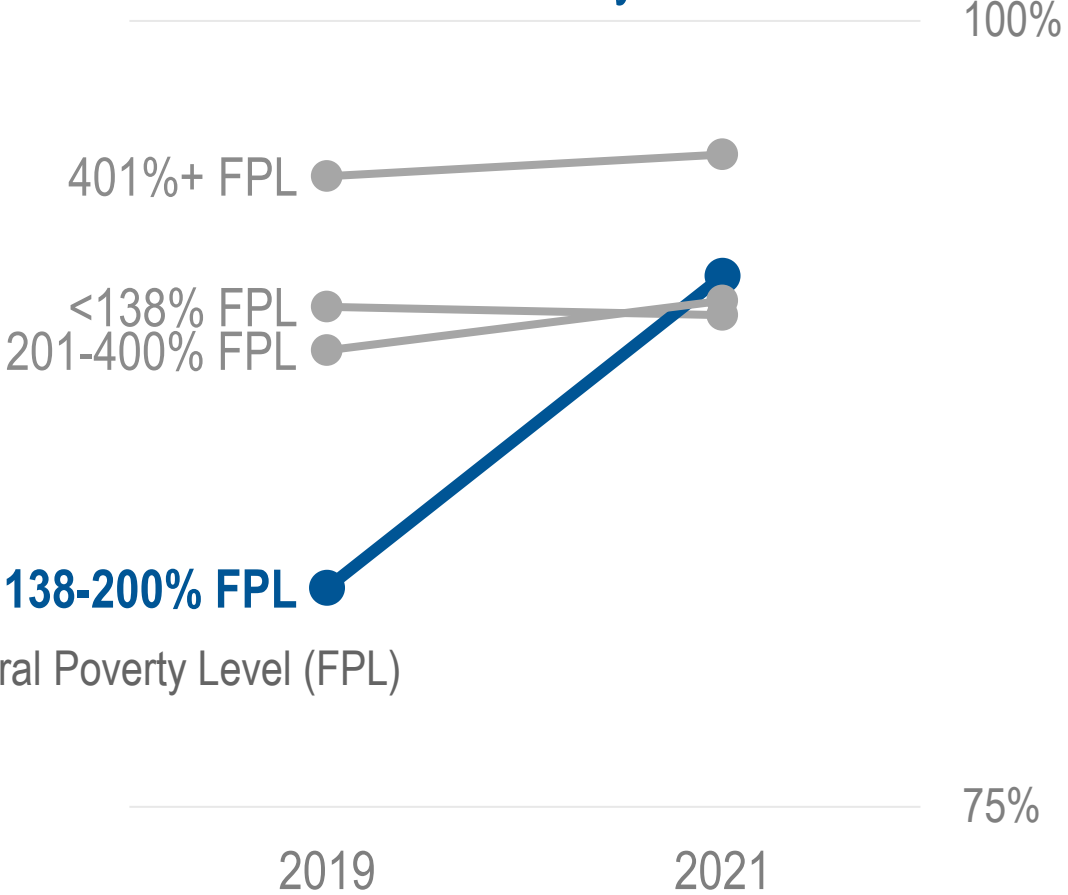


Data is from the 2021 Oregon Health Insurance Survey. OHP caseload has continued to grow since this survey.

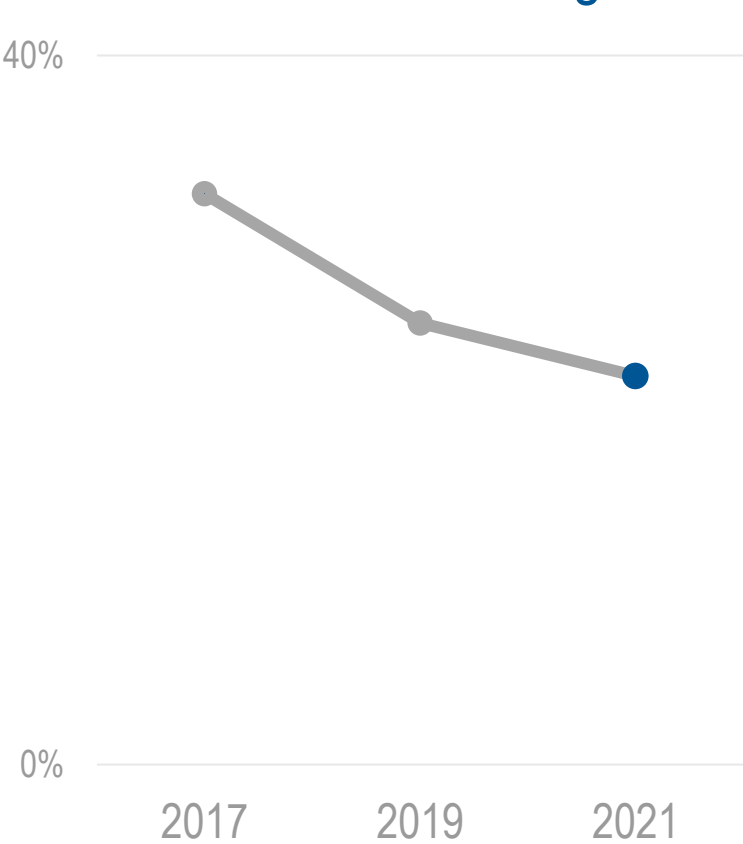
Source: Oregon Health Insurance Survey (OHIS)

# The largest coverage gains were among adults with low income as fewer people reported being uninsured due to loss of OHP

Rate of insurance by income



Lost OHP as reason for being uninsured



**HB 4035**

# HB 4035

- Redeterminations: identifies legislative intent for timing/process
  - Direction to take the phased population approach, emphasize smooth transitions and not losing eligible individuals
  - Direction to develop outreach/communications plan with partners and appropriate resources for outreach, communications, and navigation assistance
  - Updated redeterminations plan and process - **report due May 2022**
  - Create transparent process for oversight and legislative updates
- New bridge program for people who “churn” (people who churn) on and off OHP (income of under 200% of federal poverty level (FPL)):
  - Establishes short-term task force and sideboards for stakeholder and partner conversations to develop plans and authority for OHA to apply – **report due July 2022**
  - Establish potential check points with Legislature and wind down of coverage for people who churn if federal plans not approved



# HB 4035 approach to redeterminations

## Redeterminations Process

Under the normal (default) redeterminations process, the total caseload of 1.4 million individuals would be spread over 12 months at random. Renewal notices go out beginning June 2022, closures begin in August. Approximately 120,000 members/month redetermined; 25,000 closures/month.

**HB 4035 Proposed Approach: Phase closures of OHP coverage by population** to maintain coverage longer for those at higher risk. Allows a ramp-up and more time to coordinate with partners. *Allowed without any additional federal approval.*

## New Bridge Plan for Churn Population

**Create a new “bridge” plan for people who churn** that “catches” individuals with low income exiting Medicaid to provide continuity of care and a more affordable coverage option. *Use 1331 or 1332 options under the Affordable Care Act (ACA) to leverage federal ACA funding.*

If needed, **temporarily expand OHP eligibility** to continue coverage for people who churn until transitioned to the new program. *Use a temporary 1115 waiver, if need to maintain coverage up to 200% FPL through redetermination period. Need/cost would be mitigated if PHE extended.*



# Phase redeterminations by population

- Adjust timelines to allow more time for individuals to submit information and for outreach to occur before closures
- OHP members grouped for into populations
  - *Front-load* easier cases (i.e., those with complete information and can auto-renew)
  - *Back-load* higher risk cases to allow ramp-up, more time for outreach, and preserve coverage for people who churn or higher-risk members, such as:
    - Income-levels (e.g., 138-200% of FPL)
    - Individuals who are aged or experiencing a disability (likely to age out and/or receiving long-term services and supports)
    - Health status (recent claim history with CCOs and Fee for Service)
    - Special circumstances (experiencing domestic violence, houselessness, variable income)
- *Risks*: Not perfect – there will be exceptions and closures that come up at any time.

# Develop new “bridge” plan for people who churn

Seek federal approval to create a more affordable option that provides continuity of care in a Coordinated Care Organization (CCO) for adults with low income (138-200% of FPL) who are likely to “churn” in and out of OHP.

- Leverage federal Marketplace subsidies to provide an alternative coverage option aim to have a minimal cost to the state and members.
- Seek approval through a section 1331 or 1332 authority under the ACA.
- Aim is to “catch” (auto-enroll) eligible exiting OHP members with option to stay in CCO.
- Any plan would need to work for and address concerns of both OHA and Department of Consumer & Business Services (DCBS).

# If needed, temporarily expand OHP eligibility for churn population until new program launches

To maintain coverage for the people who churn, leverage a state plan amendment or temporary 1115 waiver to continue OHP eligibility for 138%-200% of FPL.

- This would be at a standard federal match rate (instead of enhanced ACA rate). Budget impact would be mitigated if PHE is extended.
- Short-term solution to for outreach and transition and to maintain coverage until launch of new health plan option for people who churn.
- Those individuals above 200% FPL who no longer qualify for OHP will still need to be transitioned to Marketplace.
- Would require Medicaid Management Information System (MMIS) and ONE changes.
- *Example: As people who churn are redetermined and may otherwise have coverage end, move them to a new Medicaid category temporarily. End this extended Medicaid eligibility on date certain in 2023 when new bridge program is expected to launch. Serves as backstop if PHE isn't extended. If PHE is extended, may not be used, or used minimally.*

2022

2023

Feb April June Jan April June



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### Redeterminations

Planning

Redetermine 1.4 million OHP enrollees

Return to normal redeterminations process

People will fall into different categories:

No response → *Terminate coverage*

> 200% FPL → *Handoff to Marketplace* →

OHP eligible → *Keep on OHP* →

139-200% FPL → *Keep on OHP*

→ *Transition to new plan option (federal funding)* →

### New 139-200% FPL Plan

*If federal approval not granted, then transition on to the Marketplace*

Develop proposal

Submit application

Negotiation and approval

Implementation and transition

Temporary eligibility changes and implementation planning

**Next steps**

# Current status

- Redeterminations:
  - Forming team across agencies, developing phased redeterminations approach
  - Submitted initial draft plan for redeterminations
  - Planning for member and partner communications/outreach plan to be developed through Spring
  - Planning calls with federal partners underway – states continue to advocate for more time, flexibility
- People who churn bridge program:
  - Positive reactions from federal partners and delegation to be helpful
  - Centers for Medicare & Medicaid Services (CMS) most interested in building a permanent solution for people who churn.

**Questions?**